



# **Report on 2013 Claims for Treatment of Lyme Disease and Other Tick-Borne Illnesses**

Prepared by the Maine Bureau of Insurance  
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Paul R. LePage  
Governor

Anne L. Head  
Commissioner

Eric A. Cioppa  
Superintendent

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## **Background**

Pursuant to 24-A M.R.S.A. §4302(5), the Superintendent of Insurance must report information annually to the Joint Standing Committee on Insurance and Financial Services related to insurance claims made for the diagnosis and treatment of Lyme disease and other tick-borne illnesses for all covered individuals in the State of Maine. This report covers calendar year 2013.

Included within this report is data about the number of claims made for the diagnosis and treatment of Lyme disease and other tick-borne illnesses; the number of claim denials and reasons for those denials; the number and outcome of internal appeals; the total dollar amounts of those claims; and the number of external appeals related to the treatment of Lyme disease and other tick-borne illnesses.

The Maine Center for Disease Control and Prevention identified five kinds of reported tick-borne illnesses in Maine: Lyme disease, Babesiosis, Ehrlichiosis (Anaplasmosis), Rocky Mountain Spotted Fever, and Powassan virus. Insurance carriers licensed to write health insurance coverage in Maine are required to report to the Bureau of Insurance claims information for all five tick-borne illnesses. Data is collected via an online reporting form and includes claims for all insured Maine residents. However, the data does not include MaineCare or Medicare claims. Respondents include active insurers with authority to write health insurance in Maine. There was a 100% percent response rate from insurers for this report.

## Tick-Borne Illness Claims by Category

Table 1 shows the number of claims submitted, paid and denied by category of tick-borne illness, as well as the total amount paid for claims. The reported data includes claims made for the diagnosis and treatment of tick-borne illnesses in 2013 for covered individuals in Maine. Five categories of tick-borne illnesses are listed based upon the International Classification of Diseases (ICD-9 codes).

The figures in Table 1 represent the number of claims reported and not the number of enrollees with a tick-borne illness. One enrollee may have several claims within the calendar year relating to a tick-borne illness. The “Percentage of Claims Paid” column is calculated by dividing the number of claims paid for a category (e.g., Lyme) by the number of claims submitted for that category.

<b>Table 1. Tick-Borne Illness Claims by Category, 2013</b>					
<b>Category</b>	<b>Submitted</b>	<b>Paid</b>	<b>Denied</b>	<b>Percentage of Claims Paid</b>	<b>Total Paid</b>
Babesiosis	38	32	6	84.21%	\$7,563.27
Ehrlichiosis (Anaplasmosis)	36	30	6	83.33%	\$38,940.13
Lyme disease	2,801	2,605	193	93.00%	\$583,035.41
Powassan virus	0	0	0	0.00%	\$0.00
Rocky Mountain Spotted Fever*	1	1	0	100.00%	\$0.00
Total:	2,876	2,668	205	92.77%	\$629,538.82

## Reasons for Denied Tick-Borne Illness Claims

Table 2 provides the reasons given for denied claims payments related to any treatment for tick-borne illnesses. A claim may have multiple reasons for denial. The top four (4) reasons for denial were: Duplicate Claim, Not a Covered Benefit, Maximum Benefits Exceeded and More Information Requested/Not Received. Among the Other Reasons were: service excluded in provider contract, additional reimbursement not warranted, claim submitted to medical plan in error, other insurance primary.

<b>Table 2. Reasons for Denied Tick-Borne Illness Claims, 2013</b>	
<b>Reasons for Denial</b>	<b>Number of Denied Claims</b>
Duplicate Claim	63
Not a Covered Benefit	21
Maximum Benefits Exceeded	20
More Information Requested/Not Received	14
Coverage Terminated	11
Not Medically Necessary	8
No Pre-Authorization	4
Considered Experimental/Investigational	4
Incorrect Coding	3
Non-Participating Provider	2
Pre-existing Conditions Exclusion	0
Other Reasons for Denial	96
Total:	246

## Appeals/Reconsiderations and External Reviews for All Tick-Borne Illnesses

Table 3 provides the number of appeals and reconsiderations that were conducted by the insurance companies reporting data to the Bureau of Insurance. The Bureau had no requests for an independent external review relating to tick-borne illnesses in 2013.

<b>Table 3. Number of Appeals/Reconsiderations and External Reviews for All Tick-Borne Illnesses, 2013</b>				
	<b>Upheld</b>	<b>Overturned</b>	<b>Other</b>	<b>Total</b>
Appeals/Reconsideration (Internal)	3	1	1	5
Independent External Reviews (Conducted by the Insurer, not the Bureau of Insurance)	1	0	0	1
Total:	4	1	1	6

## Lyme Disease Claims by Treatment Type

Table 4 shows the number of Lyme disease claims by type of treatment provided for covered individuals. Claims for antibiotic treatment by any means of administration are counted.

The “Percentage of Claims Paid” column is calculated by dividing the number of claims paid for a treatment type by the number of claims submitted for that treatment type. It is possible for information about one enrollee to be entered in more than one category. For example, an enrollee could have claims paid for antibiotics and have claims paid for other types of treatment, such as physical therapy.

Some insurers provided detail about what “Other Treatment” meant. The majority of claims paid, among those reporting this information, were for Office or Outpatient Visits.

<b>Table 4. Lyme Disease Claims by Treatment Type, 2013</b>					
<b>Treatment Type</b>	<b>Submitted</b>	<b>Paid</b>	<b>Percentage of Claims Paid</b>	<b>Denied</b>	<b>Total Paid</b>
Antibiotic Treatment	1,292	1,225	94.81%	56	\$366,435.91
Other Treatment	2,051	1,861	90.74%	189	\$270,365.19
Total:	3,343	3,086	92.31%	245	\$636,801.10